

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. **15-6910**  OH-2  OH-3 **Lebanon Police** 6 2 3 6 3 0 0

ODHS USE ONLY - DO NOT MARK ABOVE

REPORT TAKEN  AT STATION  AT SCENE NO OF VEH PEDESTRIANS INVOLVED **2** CRASH SEVERITY (CHECK MOST SEVERE)  FATAL  INJURY  PROPERTY DAMAGE ONLY COMBINED VEH/PROP LOSS  OVER \$150  UNDER \$150 HIT SKIP  SOLVED  UNSOLVED

IN COUNTY OF WARREN IN CITY **LEBANON** DATE OF CRASH **4/29/15** DAY **WED** TIME MILITARY **2127**

CRASH OCCURRED ON **635 Columbus Ave.** WITHIN THE INTERSECTION OF **Parking Lot**

IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO) **Drexel Ave.** CITY CODE **8303**

MILES **150** FEET **W**  **E** OF **S** **Drexel Ave.**

LOCAL FILE NO.

DRIVER-PEDESTRIAN-VEHICLE SECTION

LOG-1 LOG-2 LOC JUR FH'S FILT

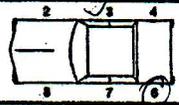
A UNIT NO. **1** NO OF OCCUPANTS **1** OPERATING  PARKED  DRIVERLESS  HIT & RUN NON CONTACT  INSURANCE CO OR AGENT **Geico**

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO BIRTH DATE AGE SEX SOCIAL SECURITY NO STATE DRIVER'S LICENSE NO OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) ADDRESS PHONE **Rachel E. Henshaw 5514 Islington Ave #3 513-535-0803**

VEH YR **05** MAKE **Dodge** MODEL **SW** COLOR **Drk Blu** STYLE **SW** STATE **OH** LICENSE PLATE NO **FWS4C54** TOWING SERVICE **NA** VEH/PED DIR **FROM N TO S**

CIRCLE DAMAGE AREAS  9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER DAMAGE SEVERITY  NON-FUNCTIONAL  FUNCTIONAL  DISABLING DAMAGE SCALE  NONE  LIGHT  MODERATE  HEAVY VEHICLE DISPOSITION  DRIVEN AWAY  REMAINED AT SCENE  TOWED FIRE  NO FIRE  FIRE DUE TO CRASH  OTHER FIRE

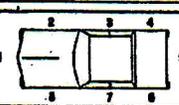
B UNIT NO. **2** NO OF OCCUPANTS **1** OPERATING  PARKED  DRIVERLESS  HIT & RUN NON-CONTACT  INSURANCE CO OR AGENT

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO BIRTH DATE AGE SEX SOCIAL SECURITY NO STATE DRIVER'S LICENSE NO OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) ADDRESS PHONE **Unknown**

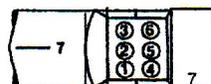
VEH YR MAKE MODEL COLOR STYLE STATE LICENSE PLATE NO TOWING SERVICE VEH/PED DIR

CIRCLE DAMAGE AREAS  9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER DAMAGE SEVERITY  NON-FUNCTIONAL  FUNCTIONAL  DISABLING DAMAGE SCALE  NONE  LIGHT  MODERATE  HEAVY VEHICLE DISPOSITION  DRIVEN AWAY  REMAINED AT SCENE  TOWED FIRE  NO FIRE  FIRE DUE TO CRASH  OTHER FIRE

OCCUPANT SECTION

C	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION						INJURIES					
					A	B	C	D	E	F	A	B	C	D	E	F
		ADDRESS	PHONE	SEX												

D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	CONDITION
		ADDRESS	PHONE	SEX		
		ADDRESS	PHONE	SEX		

E	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	RESTRAINTS
		ADDRESS	PHONE	SEX		<b>P-PEDESTRIAN</b>

F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	SEX	RESTRAINTS
		ADDRESS	PHONE	SEX		<b>RESTRAINTS</b>

POLICE ACTION

A	B	C	INJURED TAKEN TO	By	A	B	C	D	E	F	ALCOHOL		
D	E	F	INJURED TAKEN TO	By	<input type="checkbox"/> NOT USED <input type="checkbox"/> NONE AVAILABLE <input type="checkbox"/> LAP BELT USED <input type="checkbox"/> LAP/SHOULDER BELT USED <input type="checkbox"/> SHOULDER BELT USED <input type="checkbox"/> CHILD SAFETY SEAT <input type="checkbox"/> AIR BAG USED <input type="checkbox"/> USE NOT REPORTED						<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED <input type="checkbox"/> TESTED		
A	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD		OFFENSE CHARGED AND DESCRIPTION			EJECTION						DRUGS	
O	<input type="checkbox"/> ORC <input type="checkbox"/> CITY ORD		OFFENSE CHARGED AND DESCRIPTION			<input type="checkbox"/> NOT EJECTED <input type="checkbox"/> PARTIAL <input type="checkbox"/> TOTAL <input type="checkbox"/> TRAPPED INSIDE VEHICLE						<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TESTED <input type="checkbox"/> TESTED	

RECEIVED CALL **2127** DISPATCHED **2130** ARRIVED **2130** CLEARED **2136** OTHER TIME **-** TOTAL MINUTES **9**

DATE REPORT FILED **4/30/15** PHOTOS **YES** OFFICER'S NAME **Barber** BADGE NO. **120** CHECKED BY

**1** NO ALCOHOL DETECTED  
**2** HBD ABILITY IMPAIRED  
**3** HBD ABILITY NOT IMPAIRED  
**4** HBD ABILITY UNKNOWN

**1** NO DRUGS DETECTED  
**2** USING PRESCRIBED DRUG  
**3** USING ILLICIT DRUG